

EXPLORING THE USE OF DRAMA THERAPY FOR AN ACCESSIBLE CAMP
ENVIRONMENT: A HEURISTIC STUDY

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Abstract

I returned to Easter Seals Camp Horizon in the summer of 2019 to explore the use of drama therapy methods as a means of supporting accessible camp counsellors through workplace stress. As a participant/observer, I used a heuristic approach to interpret my own experience of inhabiting the role of a drama therapy intern, as well as an employee of an accessible summer camp.

In this research paper, I will describe my process of exploring the use of drama therapy in an accessible camp environment and the practical implications of being a “camp drama therapist.” I will outline the current literature in the fields of drama therapy and accessible summer camps to justify the need for such a role and how I used a heuristic model to explore this. In the methods section of this paper, I provide examples of the drama therapy methods that I adapted from drama therapy models informed by my experience of working as a camp counsellor. I then discuss my personal findings which include the creation of an ethical and personal “camp drama therapist” role that contributes positively to the field of drama therapy and stress reduction in accessible summer camps.

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Introduction

In the summer of 2012, I was unrecognizable compared to the person I am today. My black and blue hair covered my eyes; my skin-tight plaid jeans shimmered with heavy zippers; my large black hoodies concealed my arms and hands; my weathered combat boots smacked loudly against the ground to warn others that I had the unwelcoming attitude of an angry punk. I did everything I could to transform my physical body into a shield to keep others away. Surely this shield would stop people from getting close enough to see the emotions I was feeling internally? Surely my appearance would disguise the hurt that I was feeling inside?

I had just exited a turbulent high school experience marked by instability and emotional turmoil, which followed me between home and school. My modest marks had allowed me to attend the university of my choice for a BA in Dramatic Arts, concentrating in drama in education and applied theatre. I was required to choose three co-ops, each a semester long, in a field related to my degree. My first co-op would not be until the summer of 2013.

My defensive personality and appearance meant that I had difficulty making friends. My academics suffered as a result of my unhappiness around social settings and I struggled to find people who would accept me for who I was.

Eventually, I set my sights on applying to co-ops in the summer camp industry since I had always enjoyed volunteering with kids, and I loved the outdoors. I never went to summer camp as a kid and wanted the opportunity to expand my experience in a new industry. It became clear that the industry was more competitive than I had planned for and out of the numerous camps I applied to with no previous experience, only one offered me a job opportunity.

Easter Seals Camp Horizon is a non-profit camp located near Bragg Creek, Alberta. During the summer months, Camp Horizon is exclusively for kids and adults with disabilities and medical conditions. Each week is tailored for a specific population of campers such as adults with cognitive and physical disabilities, child burn survivors, individuals with celiac disease and children living with ostomies (Easter Seals Alberta, 2019). Camp Horizon hires about 40 seasonal counsellors each summer. They offered me a counselling position based solely on a phone interview.

I had never expected to accept a job in Alberta (a province I had never been to) or accept a position which required me to train as a personal support worker (PSW) at a summer camp. A PSW a term used to describe a front-line health care worker who is trained in basic daily living

and care practices for people with disabilities and older adults (Kelly, 2017). The training that I was given at Camp Horizon consisted of basic medical procedures such as g-tube feeds, ostomy appliance changes and condom catheter application. This training was in addition to camp counsellor training which included basic safety, camper care and summer camp activity programming. Summer staff training only lasted two weeks, and I was quickly overwhelmed.

The day before the first group of campers arrived, I was getting ready to quit. Staff training had prepared me for each worst-case scenario from an aggressive camper attack, to life-threatening medical scenarios, abuse disclosures and outbreaks of contagious disease. Deciding to stay and work for the rest of the summer was the best decision of my life as I found a passion for caregiving and profound love for the accessible camp industry. However, each of the worst-case scenarios that I had been trained for did occur at least once in the summer.

By the end of the summer, I had truly found my life's purpose. I loved working as a caregiver, and I had finally found a place where I could feel understood and accepted. My hardened exterior slowly softened as I experienced some of the greatest happiness of my life. I felt challenged by the work and, along with the extreme positive feelings, came extremes on the other end of the spectrum. I learned that working as an accessible summer camp counsellor was a difficult job due to many factors that I will highlight in this paper. Traumatic events were common for counsellors to encounter and some of my fellow counsellors ended their employment before the end of the summer because of this. Although many of these counsellors appeared to share the same passion and joy that I did, difficult working conditions and traumatic workplace events appeared to be difficult to cope with. Mental health came second to job performance, leading me to hypothesise ways to provide mental health support for camp counsellors. This desire for better mental health support has led me to explore drama therapy as a way to reduce job related stressors for counsellors.

After five summers at camp, I decided to move on to the next chapter of my life as a drama therapist. I began training in the fall of 2018 and slowly developed my skills throughout the year. I could not help but think about my time as a summer camp counsellor and wondered how different my experience would have been if I was able to access mental health resources.

I returned to Easter Seals Camp Horizon in the summer of 2019 to explore the use of drama therapy methods as a way of supporting accessible camp counsellors through workplace stress. Due to the previously unexamined nature of using drama therapy in accessible summer

camps, I used a heuristic approach utilising my past experience and knowledge as a camp counsellor to inform my practice as a summer camp drama therapy intern.

In this research paper, I will describe my process of exploring the use of drama therapy in an accessible camp environment and the practical implications of being a “camp drama therapist.” I will outline the current literature in the fields of drama therapy and accessible summer camps to justify the need for such a role.

In the methods section of this paper, I describe my experience through a heuristic inquiry model and provide examples of the drama therapy methods that I believe were successful when used with counsellors at Camp Horizon. I then discuss the reasons why I believe that the creation of a “camp drama therapist” can be done ethically while contributing positively to the field of drama therapy and stress reduction in accessible summer camps.

Literature Review

Research Question

This paper will synthesize my journey exploring the potential use of drama therapy interventions supported by knowledge acquired through my previous camp experience to support counsellors in an accessible camp setting. My experience was exploratory and focused on assessing the potential implications of combining my knowledge of accessible camps with my current role as a future drama therapist. How can the heuristic approach aid me in my goal of understanding how to use drama therapy to reduce job related stress in accessible summer camps? I will be answering these questions in the following sections.

Accessible Summer Camps

Accessible summer camps specialize in the care and empowerment of children and adults living with disabilities and medical conditions (Michalski et al., 2003). Campers have the ability to challenge themselves and experience adventure activities in nature such as hiking, camping, zip lining, white water rafting and rock climbing (Easter Seals Alberta, 2019). All of these activities are accessible to individuals of all physical abilities and facilitated by camp counsellors, often between the ages of 18 and 25.

I have learned through my own experience working in the industry that young counsellors are expected to care 24 hours a day for campers with medically complex needs, with basic training and limited previous experience. I draw from my own experiences and available research on summer camps, stress management and drama therapy in order to inform this paper.

I will first discuss research relating to risk factors applicable to camp staff that may lead to emotional disturbance or lasting trauma. I will then discuss how drama therapy interventions may be implemented to address these risk factors.

Stress Factors at Camp

Summer camps often employ teenagers and young adults to act as role models for young and impressionable youth (Lawrence et al., 2006). *Accessible* summer camps serve the same purpose with the added element of providing medical care to youth and adults by nurses and counsellors trained to perform basic medical and hygienic procedures (Easter Seals Alberta, 2019). These procedures may include personal care, ostomy appliance maintenance, behavior management interventions, assisting in cases of abuse disclosures and G-tube feeds. (Easter Seals Alberta, 2019). Counsellors are trained before performing these tasks but are often prone to workplace stress due to risk factors such as age, experience, work hours and traumatic events (Ko et al., 2012).

As an accessible camp counsellor I have experienced a physical assault, a flood resulting in evacuation, a gas leak resulting in evacuation, the outbreak of contagious illnesses, a camper cease breathing due to a medical emergency, multiple camper seizures, a camper remove skin on their arms due to mental health crisis, a camper jump onto a highway due to mental health crisis, missing campers, interactions with wild bears, forest fires, contaminated drinking water and the departure of camp staff due to traumatic experiences. All of these examples occurred in the first summer I spent at Camp Horizon. I experienced many more potentially traumatizing events in the years following this.

Organizations have the responsibility to help mitigate the results of workplace critical incidents as psychologically traumatic workplace events are becoming more common in the United States (DeFraia, 2016). This effect is likely mirrored in Canada and organizations may not be prepared to handle a crisis when it occurs. Employees can develop anger, irritability, difficulty sleeping, difficulty eating, poor decision making, poor concentration, anxiety or depression as a result of workplace trauma (DiMonaco, et al., 2017). It is important that following a critical incident, employees receive immediate support to reduce the potential of developing lasting stress reactions (DiMonaco et al., 2017).

Age-Related Factors in Job Stress

Summer camps are more likely to employ younger workers due to the low salary and summer availability (Lawrence et al., 2006). Young workers are at a higher risk of sustaining workplace injuries, both physical and psychological, than older workers (Sámano-Ríos et al. 2019). This may be due to an underdevelopment of neurodevelopmental maturity for adolescent and young adult workers (Sámano-Ríos et al. 2019). Young workers may not possess the mental maturity to protect themselves from the effects of secondary trauma in healthcare settings (Hopwood et al., , 2019).

Clarkson et al. (2018) found that many young workers often lack the confidence to report workplace health and safety issues to supervisors, which may be another reason why young workers are more at risk for occupational stress. The stress that young workers encounter can lead to issues such as burnout which is an issue that I have both personally experienced working in accessible camp settings, and have witnessed in others (Hopwood et al., 2019).

Compassion Fatigue

The caregiving aspect of the camp counsellor role presents risk factors for developing workplace stress. Compassion fatigue is the term used to describe the physical, behavioral, psychological and spiritual symptoms that can affect healthcare providers due to the nature of their profession (Sinclair et al., 2017). Symptoms are vast but important to describe due to the likelihood that they will affect how caregivers interact with patients:

Broadly, purported physical symptoms of compassion fatigue include: exhaustion, insomnia, compromised immunity, somatization, headaches, stomach aches, sleep disturbance, fatigue, emotional exhaustion, and hypochondria (reviewed in Mathieu, 2008; Huggard, [2011]). Purported behavioural symptoms of compassion fatigue include: increased alcohol intake (and other drugs), anger and irritability, strained personal relationships, absenteeism, attrition, avoidance of patients, impaired clinical decision making, compromised patient care (reviewed in Mathieu, 2008; Huggard, [2011]), and ‘The Silencing Response’, whereby healthcare providers “silence” their patients by diverting conversations about traumatic memories, shutting down the patient, and by referring the patient to a colleague (Baranowsky, 2002). Purported psychological symptoms of compassion fatigue include: emotional exhaustion, relational distancing, negative self-image, depression, reduced ability to feel sympathy and empathy, cynicism,

resentment, dread of working with certain patients, professional helplessness, diminished enjoyment/career satisfaction, depersonalization, fear, fractured world view, heightened anxiety, irrational fears, increased personal vulnerability, problems with intimacy, intrusive imagery, avoidance, insensitivity or hypersensitivity to emotionally charged stimuli, loss of hope, difficulty separating personal and professional life, and failure to nurture and develop non-work related aspects of life (reviewed in Mathieu, 2008; Huggard, [2011]). Purported spiritual symptoms of compassion fatigue, while overlapping considerably with psychological symptoms, include lack of spiritual awareness and disinterest in introspection, poor judgment, and a decrease in discernment. (Sinclair et al., 2017, p. 14)

Camp counsellors are responsible for all aspects of camper care ranging from daily personal care to emotional support. Although Camp Horizon has policies outlining the process for camper disclosures of abuse, inexperience and lack of emotional maturity may lead to the development of stress responses described by Sinclair et al. (2017).

Kinesiologists Waller et al. (2017) conducted a study exploring the correlation between compassion fatigue, compassion satisfaction and secondary stress trauma (trauma as a result of listening to the experience a trauma survivor) among disability camp staff. The mean age of participants were found to be 21.72 years old; however, a majority of participants were between the ages of 19 and 21 (Waller et al., 2017). The study concluded that higher levels of compassion satisfaction led to lower levels of compassion fatigue and secondary stress trauma (Waller et al., 2017).

Eastwood and Ecklund (2008) suggest that organizations implement structured policies to reduce the effects of compassion fatigue such as providing staff adequate time off, crisis intervention and access to psychotherapy.

Aggression Toward Counsellors

Over half of summer camp staff working at accessible camps in Ontario reported feeling emotional difficulties due to camper aggression (Ko et al., 2012). Camper aggression was shown to contribute to staff burnout, a term which broadly describes symptoms varying from emotional disturbance to mental strain and inattention (Ko et al., 2012). Staff burnout often leads to a reduction in interactions between counsellors and campers, which likely contributes to further aggressive behaviour exhibited by campers (Ko et al., 2012).

The seasonal hiring of camp counsellors with limited previous experience is thought to result in higher rates of counsellors experiencing depersonalization and burnout (Ko et al., 2012). Ko et al. (2012) found that younger counsellors experienced more severe symptoms burnout compared to full time, more experienced staff members. Training that includes behavioural interventions, self-care activities and proper camper care can lead to better job satisfaction for counsellors and better care for campers (Stanfield & Baptist, 2019).

Drama Therapy at Camp

In her book *Post Traumatic Stress Disorder and Dramatherapy: Treatment and Risk Reduction*, drama therapist Linda Winn (1994) cites the importance of early intervention in the prevention of symptoms related to Post-Traumatic Stress Disorder following a traumatic event. Immediate debriefing using drama therapy interventions can help to reduce the likelihood of developing symptoms related to post traumatic stress or treat the symptoms of previous traumatic events (Winn, 1994). I focused specifically on debriefing as a way of preventing symptoms as opposed to treatment of previous trauma due to my own scope of practice and lack of extensive trauma-focused training.

I consulted with registered drama therapists Jessica Bleuer and Bonnie Harnden to choose specific interventions for preventative training for counsellors (to build resilience to stress) and to assist camp counsellors debrief job related stress factors, reducing the likelihood of post-traumatic stress reactions. These interventions were approved and debriefed with my on-site therapeutic supervisor weekly.

Drama therapy uses evidence-based, creative interventions to construct a therapeutic space for clients to explore interpersonal or intrapersonal topics. These interventions often use dramatic elements such as storytelling, movement, metaphor, and scenework. I chose interventions and elements of drama therapy models created by established drama therapy theorists for use with counsellors at Camp Horizon. These specific interventions will be discussed and explored in the following Methodology section.

Methodology

Research Design

Heuristic inquiry first emerged as a self-revelatory method of collecting and interpreting meaningful data from one's own personal experiences and curiosity (Sultan, 2018). The process of collecting such data means that the researcher is both the data collector and the sole research

participant. Heuristic research relies on a structured yet flexible process of engaging in a 6-step model with the goal of creating newfound insight and discovery through the synthesis of personal revelations related to lived experience (Sultan, 2018). I have chosen this methodology to present my research because I am using my own lived experience in order to inform and interpret the ethical and practical implications of introducing drama therapy intervention to the accessible camp industry.

Heuristic inquiry is a qualitative method of using self-experience and insight to gain understanding of complex, abstract or personally significant topics (Moustakas, 1990). Moustakas (1990) developed the method in order to use himself as a research participant and focus on inner experience rather than using the behaviours of external research participants. Sela-Smith (2002) explained in her evaluation of the method that heuristic research remains unique compared to most other forms of research because it prioritizes complex human experience over analysis of numerical data. Heuristic inquiry is an invaluable research method for counsellors, psychotherapists and creative arts therapists; however, it has recently been argued that the model could also benefit healthcare researches such as nurses (Kenny, 2012). Summer camp counsellors are not always thought of as health care-workers, but accessible camp counsellors are trained in basic medical procedures and crisis intervention techniques due to the unique needs of the clients that these counsellors work with.

The six stages of heuristic research are not necessarily meant to exist in a linear order; however, I did follow them roughly in order throughout my research process (Moustakas, 1990). I have outlined the process I followed in the following six sections.

1. Initial Engagement

I began the initial research stage by contextualizing my experience as an accessible camp counsellor and supervisor to familiarize myself with the topics of potential traumatic experiences that counsellors would encounter. I have worked since 2013 in the accessible camp field and have experienced many joys and challenges within my work. My experience has given me insight into workplace trauma due to the unique expectations of counsellors at an accessible summer camp.

My job as an accessible camp counsellor was to be responsible for a team of campers which vary in age from 7 and 85 years old, with multiple complex disabilities and medical

conditions. At times, I was expected to perform medical procedures, manage potentially aggressive camper behaviour and take action during medical emergencies. Many of these situations have led to lasting personal trauma responses (mostly stress and anxiety) due to lack of training and experience at the time. I purposefully kept information that involve other individuals vague and general to maintain anonymity for counsellors and campers that were involved. I would like to make it clear that these events were all handled by the organization at the time and recorded according to organizational policies to avoid incidents in the future. I would like to also state that Camp Horizon is a safe environment for campers and staff; the incidents that I have reported are personal interpretations of events. All legal and/or medical steps were taken by the organization and are confidential.

I could not find any records of drama therapy being used at accessible summer camps while I compiled research in each field. I therefor identified this as a gap in research that I hope to fill with the insights in this research paper. Due to the scope of this paper, my intention is not to assess specific or theoretical drama therapy interventions that will be most effective with this specific population, but to explore the personal implications of introducing drama therapy as a modality to my job in the accessible summer camp industry.

2. Immersion

Sela-Smith (2002) identifies the immersion stage of heuristic inquiry as a process of exploring the inner and outer worlds. The researcher inhabits the experience of exploring their research, while observing their inner feelings (Sela-Smith, 2002). It is through this stage of research I experienced myself inhabiting the role of a student “camp drama therapist.” This was largely an experiential stage for me which consisted of me providing drama therapy interventions and reflecting on my experience of balancing these interventions with my other responsibilities at Camp Horizon.

3. Incubation

This stage requires a researcher to isolate themselves from their research (Sela-Smith, 2002). The act of reforming and reorganizing through detachment gives the researcher necessary distance from their research, leading to the next stage of the research process (Sela-Smith, 2002). This period occurred after my experience at Camp Horizon as I returned to Montréal for school. I occasionally reflected on my summer experience while also trying to focus on my schoolwork. I

believe that by focusing on work unrelated to my research, while occasionally reflecting on my feelings was a beneficial step to organizing the complex emotions, I felt following my summer experience.

4. Illumination

The illumination stage of heuristic research occurs when the researcher gains new awareness of their research question (Sela-Smith). It is during this phase that I consciously explored my initial research question following a period of passive incubation, “How can drama therapy be effectively and ethically practiced in an accessible camp environment?” This stage was difficult to define in my research as I feel I am still gaining insight even as I write this paper. After my immersion stage of research, I found myself to be emotionally activated as a result of the intensity of the stage. I encountered many positive and negative personal reactions associated with the integration of drama therapy with my summer camp experience; the intensity of these emotions required me to rest and recover my composure during the incubation phase.

Illumination occurred when I began to understand the reasons why I felt such strong reactions to my experience which varied from extreme joy, anger, curiosity, hope, frustration, and an unrelenting feeling of failure. These were not emotions that I could understand while I was immersed in the summer camp culture and living the experience in the moment. I eventually concluded that despite the challenges I encountered, it is possible for me to be a “camp drama therapist” when considerations like ethics and safety are seriously taken into account.

5. Explication

This phase of research is to integrate the researcher’s experience with their understanding of their research question (Sela-Smith, 2002). This stage revealed a more complete understanding of my experience. I began to understand the ethical implications, to myself and others, of using drama therapy with camp counsellors. It is during this phase that I was able to craft the specific opinions that I outline in the Findings section of this paper, including the creation of my action plan to ethically implement the summer camp drama therapist role to future accessible summer camp applications.

6. Creative Synthesis

The creative synthesis is essentially the culmination of a researcher's ideas (Sela-Smith, 2002). Although there are many creative ways to organize research into a creative synthesis of ideas, I chose to write a research paper outlining my thoughts and experiences, exploring my reactions to creating and living in the role of a summer "camp drama therapist."

Ethical Considerations

It was my impression that the incubation phase of my research would be critical due to the highly personal nature of exploring my self-identified roles of accessible camp staff and a future drama therapist. I thus created an environment in which I could explore both roles simultaneously. I spoke to managers at Camp Horizon and professors at Concordia University in the Creative Arts Therapies department to structure a risk assessment plan. I consulted the NADTA and CCPA codes of ethics, created an information session for counsellors on informed consent and discussed a supervision schedule with my on-site supervisor. I returned to Camp Horizon as a drama therapy intern where I would be responsible for many of my previous duties when I was a supervisor (including training staff, assisting with camper care and responding to camper needs) as well as assisting counsellors process critical incidents and stress using individual and group drama therapy interventions.

Code of Ethics

Both the North American Drama Therapy Association [NADTA] *Code of Ethical Principles* (2019) and the Canadian Counselling and Psychotherapy Association [CCPA] *Code of Ethics* (Sheppard & Schulz, 2007) state that precautions such as supervision and record keeping are to be taken when dual relationships are unavoidable (such as in a rural camp setting). I initially requested not to live at Camp Horizon with the rest of the counsellors but to live in the closest city, Calgary. It was eventually decided that this would not be possible due to the hour commute each way. Part of my job requirement as a staff member was to be available to assist during off-hour emergencies. I also wanted to integrate enough into the staff team to develop trust and a strong therapeutic alliance with the counsellors while maintaining enough distance to avoid social interactions outside of a professional environment. I thus decided to live in a cabin isolated from counselling staff and in a more remote side of camp where counsellors rarely venture.

One of the larger ethical considerations to mitigate was limiting the amount of self-disclosure I had with counsellors. I did this for a variety of reasons:

1. To avoid social relationships with counsellors outside of a professional framework.
2. To protect my own privacy as a therapy intern.
3. To limit counsellor opinions that may impede the therapeutic process.

Due to the length of my contract, my partner moved with me into the provided cabin. His summer job (not related to Easter Seals or Camp Horizon) allowed him to work remotely from the cabin using the internet. The cabin had limited kitchen essentials, so my partner was provided meals from the camp kitchen as part of my contract. These factors meant that my partner would almost certainly have brief interactions with camp counsellors when living on the property. I had many discussions with camp management, my supervisor and my partner to set boundaries on what I felt comfortable disclosing to the counsellors. I informed the counsellors during my presentation on informed consent that my partner would be living on-site and discussed the importance of maintaining ethical boundaries for a healthy therapeutic alliance. These steps I took to protect myself, my clients and the organizations that I represented did calm some of my initial anxiety but remained a challenge to navigate throughout the summer.

Informed Consent

A large aspect of my heuristic exploration pertained to the implications of working within two ethical codes; one for the accessible camp industry (Camp Horizon's organizational policies) and another for drama therapy (NADTA and CCPA ethical codes). I spoke to managers at Camp Horizon to negotiate appropriate expectations and potential risks. We decided that I would assist with camper care, an expectation that extends to *all* of the summer staff at Camp Horizon, and conduct voluntary drama therapy sessions for counsellors. Counsellors were informed that they had the choice to participate in drama therapy sessions or not and that their decision to participate would not have any effect on their employment at Camp Horizon. They were also informed that I would not be including any of their identifying information or experiences in my study regardless of if they participate in drama therapy sessions or not. These sessions would remain confidential to all other Camp Horizon staff (including managers). Counsellors were informed that sessions would be discussed with my therapeutic supervisor only, however any identifying information would be omitted to protect privacy. Information regarding the limits of

confidentiality (i.e. exceptions to confidentiality required by law or to disclose potential harm to others/self, etc.) were agreed upon.

I would not be using any client notes or data collection from my sessions for this research paper for several reasons:

- 1) I want to maintain the confidentiality of the clients due to the stigma of disclosing trauma.
- 2) I am not researching the effectiveness of practical or theoretical drama therapy interventions which renders client experience data inconsequential.
- 3) I did not want the quality of the therapy provided to be informed by requirements to adhere to a research question.
- 4) The benefits of providing client data as a part of my study does not outweigh the potential risks for harm to the clients' therapeutic processes.

Supervision

I contacted drama therapists Jessica Bleuer and Bonnie Harnden to discuss how to ethically choose drama therapy interventions within my scope of practice as a student.

I realized that I needed ongoing supervision and liability insurance in order to practice drama therapy interventions throughout the summer. I devised two independent study projects that spanned the full length of the summer related to the exploration of stress and trauma informed interventions so that I would have an academic supervisor reviewing the drama therapy interventions that I used. Jessica Bleuer was my academic supervisor for the first independent study project (from April until July) and Bonnie Harnden was my academic supervisor for the second project (from July until September). I also purchased student liability insurance through the Canadian Counselling and Psychotherapy Association (CCPA) so that I could practice supervised drama therapy interventions under the role of a therapy student.

I decided that in addition to my academic supervisors, I required the expertise of a third-party therapeutic supervisor willing to act as an on-sight supervisor. This supervisor would be available to consult with concerning specific client cases and would be accessible in times where situations exceed my scope of knowledge as a student. I negotiated with camp management to provide the funds to hire a therapeutic supervisor. I found a registered music therapist and registered psychotherapist in Ontario (RMT, RP) who was willing to supervise me weekly and would be contactable in an emergency. In addition to supervisors, I had the contact details of

emergency local mental health professionals, crisis support lines, information on EAP assistance the employees were entitled to and a list of hospital emergency rooms and urgent care centres with a dedicated mental health crisis team. All of these considerations came from the Initial Engagement stage of my heuristic inquiry.

Findings

Action Plan

As part of my heuristic inquiry, I used past experience as a camp counsellor to inform the drama therapy interventions I chose throughout the summer. I reflected on aspects of being a camp counsellor that I found difficult and connected them to existing drama therapy interventions. I adapted my action plan throughout the summer based on how successful I felt each intervention was received by the counsellors. This Findings section explains my action plan that I developed using a heuristic process of analysing my subjective experiences supported by evidence-based drama therapy models.

Camp Counsellor Training

I planned training sessions to help camp counsellors build resistance to potentially stressful events before they began working with campers. Although my approaches were informed by the literature related to the prevention of camp counsellor stress, I supplemented the gaps in research using my own past camp counselling experience to identify what work-related stressors current counsellors may face. Part of my responsibilities as a summer camp staff member was to provide this preventative training and psycho-educational information on how to work with campers who have neurodevelopmental or mental health related diagnoses.

I began with an integrative approach using Emunah's (1994) five-phase model of group drama therapy to structure my training. The first phase of this approach involves *dramatic play* to build a sense of community in the group and assess how the group interacts using dramatic skills (Emunah, 1994). At Camp Horizon, counsellors are taught a number of songs and games to play with campers throughout the summer. Similar games are also used by Emunah (1994) such as categorical groupings (requiring the participants to group into clusters based on similar interests), four-corner dash (a variation of tag with four temporary safe zones) and group blind walks (a trust exercise where individuals take turns guiding a line of blindfolded group members). All of these activities overlap established camp activities that I experienced through years of experience at Camp Horizon with Emunah's first phase of group work:

A nonthreatening, playful environment is established. Processes include creative dramatics, improvisation, playful, interactive exercises, and structured theatre games. Many of the techniques are physically active, and most are socially interactive. Individual and group skills are developed; these skills, in turn, promote self-confidence and self-esteem, along with an awareness of and appreciation for the qualities of co-participants. (Emunah, 1994, p. 34)

I have observed through my own experience that these group-oriented activities are structured and highly effective for group community building. I felt that these activities were easy to facilitate without many materials. They are, therefore, suited for a wide variety of participants with shorter or longer attention spans. As the staff group appeared to become more comfortable with these activities, I began to incorporate more camp songs and improvisational games.

Camper Care

The group transitioned into Emunah's (1994) second stage known as the *scenework* phase. In this phase, a group begins to use roles to build scenes and explore imaginative worlds.

I used the *scenework* stage to train counsellors on camper care skills to prepare them for situations they may encounter when campers arrive. It has been my job to train counsellors on these skills for many years and this, along with my past experience as a personal support worker, meant that I was one of a few staff members at Camp Horizon who had enough experience to provide training for new counsellors.

I used active role play allowing counsellors to learn and practice behaviour management skills, lifts and transfers and personal care routines. These were semi-improvised role plays which required counsellors to embody the role of an "expert" and the role of a "camper" in different situations. The benefit of using scenework is that counsellors in training are able to experience these daily procedures from multiple perspectives. Emunah (1994) writes that the therapist (or camp drama therapist in this case) allows the clients (or counsellors in training in this case) freedom to explore role-exploration and self-expression. Properly preparing counsellors to improvise using these skills in unpredictable situations can reduce the likelihood of compassion fatigue and burnout (Waller et al., 2017)

Cultural Humility

Throughout my experience at Camp Horizon, around half of the camp counsellors I have worked with are from countries other than Canada, using temporary work visas. This has resulted

in a multi-cultural and diverse population of staff. Throughout my past experience, I learned that the diversity of counsellors at camp is invaluable and results in unique perspectives including the opportunity to share cultural differences with other staff and campers. Although international staff members are an overwhelming asset to Camp Horizon, occasional misunderstandings within professional communication due to cultural differences have been known to occur.

Armand Volkas (2009) developed drama therapy interventions to address the inter-cultural and inter-generational healing of diverse groups through storytelling. The act of sharing personal identity can bring diverse groups together, opening up the possibility of dialogue about cultural identity (Volkas, 2009). I wanted to use this approach with counsellors to share individual identity in an effort to highlight how cultural differences may affect communication between staff members. My intention with this intervention was not to assimilate group members to a common understanding or communication style, but rather to allow individuals to choose how and what to share in a way that honours their cultural heritage and personal comfort.

Volkas's (2009) world map intervention is part of his *Healing the Wounds of History* approach. The ultimate goal of this approach is to be able to own individual cultural identity with others, "Within each person's constructed identity lie cracks that hold the fragments of their collective story. Feelings, associations, formative sense and affective memories emerge from its deconstruction" (Volkas, 2009, p. 147). I used this intervention as part of a communication workshop and explained to the counsellors in training that the activity was entirely voluntary due to the highly personal and emotionally activating nature of self-disclosure. I chose not to do this activity during the time I was using Emunah's (1994) first two group phases as my focus was to give the counsellors a chance to build trust with each other before they are given the chance and choice to disclose aspects of their own cultural history.

This intervention begins with a diverse group of individuals working together to create a world map on the floor with tape (Volkas, 2009). The drama therapist then instructs the participants to stand in the place on the map in which they were born (Volkas, 2009). Further questions identify places in which their parents are born, places they feel safe or places they call home (Volkas, 2009). Participants are given the opportunity to discuss these connections between each round with other participants close to them. I found that this intervention appeared to deepen the group's understanding of each other and build group trust. I believe this intervention was one of the most effective that I used throughout the summer based on

counsellor feedback and by reflecting on my own experience facilitating the activity. I felt a mixture of confidence and the faint feeling of apprehensiveness that I often feel when I am engaging in a challenging and emotionally gratifying therapeutic intervention with a client.

Community Building Using Drama Therapy

I felt confident with how drama therapy interventions adapted seamlessly to the long-defined structure and rituals of summer camp based on my knowledge of the summer camp counsellor experience. Summer camps attempt to build a sense of community with staff to increase job retention and satisfaction to offset low-pay and recruitment costs for following years (McCole et al., 2012). I achieved this by using established drama therapy approaches as a theoretical foundation to inform traditional summer camp activities for counsellor community building:

1. The use of process-oriented group activities similar to the social/systemic approaches described by Emunah (1994) and Landy (2009). These activities are designed to challenge groups using hundreds of potential games like “animal game,” a tag-based game in which participants act as different animals (Easter Seals Camp Horizon, 2016). Another activity, “hydro-pyro,” is adapted from “capture the flag” where two teams battle to extinguish the opposite team’s campfire using cups of water (Easter Seals Camp Horizon, 2016). The theoretical approaches described by Emunah (1994) and Landy (2009) allowed me to transform these camp games into therapeutic interventions with the goal of community building.
2. The use of performative summer camp rituals similar to dramatic rituals described by Snow (2009) have been used at summer camp for years. Campfire songs and skits use storytelling to immerse participants into the realms of camp culture and traditions, echoing shamanistic rituals that create healing, therapeutic environments (Snow, 2009). The campfire creates a ritual “play space” where participants are free from the bounds of reality and immersed in the imagined world. I adapted camp activities like campfire, mealtime rituals, and storytelling rituals (i.e. my own knowledge of camp rituals) by using ritualistic drama therapy theory to align these rituals with the counsellors’ therapeutic goal of community building.

It is difficult to find resources that list specific camp rituals because they are often passed down from more experienced staff to new counsellors through verbal storytelling. New counsellors

experience these rituals when an experienced staff member leads a song, skit or ritual at campfire. The new counsellors may in turn pass these experiences down the following year, slightly transforming it based on their subjective experience of it.

I integrated my knowledge of these camp rituals with drama therapy theory in an effort to create a seamless experience for new counsellors who are already participating in similar (although not drama therapy based) rituals by other experienced staff members. I believe that through the adaptation of drama therapy interventions and approaches into the activity-based structure of camp, I was able to address the potential dual role of experienced camp staff trainer and drama therapy intern. My technique led me to become more of a therapeutic leader, a facilitator who acts to provide an imagined spiritual space for their client to learn, explore, and self-heal similar to the ritualistic approach of Snow (2009).

Summer Support

I continued to use drama therapy interventions to create healing spaces for clients during individual sessions once campers arrived. I observed that a majority of the people who came to see me for drama therapy sessions were actually staff members who had already worked at Camp Horizon previously and were remembering difficulties they had in previous summers related to camp structure and policies. I have also had the experience of remembering only the positive experiences of working at summer camp once the summer was over and being reminded of the more difficult aspects only upon return the following year. It became clear to me that I had successfully identified a large part of the camp drama therapist role that I was trying to create for myself. My role became split between drama therapy sessions addressing counsellor self-care and stress reduction, while also making systemic changes to the structure of summer camp to prevent future staff stress.

Confidentiality of sessions with my clients remained essential. I wanted to incorporate feedback that I was hearing about camp structure from my drama therapy sessions, however I needed to make sure that all proposed adjustments were coming from myself and could not be traced back to any staff member that I was seeing for sessions. Thankfully most of the staff feedback coincided with my own experience as a camp counsellor and I therefor presented my research-backed proposed changes to management from my own point of view.

I created a *mental health resource binder* which outlined organization-specific resources available to counsellors and proposed workplace improvements to leave behind at Camp Horizon

following the end of my contract. It is my hope that these resources are read and implemented in future summers.

Challenging Moments

As expected, I did experience challenging moments throughout the summer. Some of these challenges were unexpected but unsurprising considering that I was exploring the efficacy of combining my drama therapy experience and accessible camp experience. I kept a personal reflective journal to record my thoughts and feelings about these challenges so that I would not forget them during the incubation phase of research. This allowed me to gain insight on these subjective experiences during my illumination phase and allowed me to conceptualize each personal experience with support from evidence-based research.

Self-Care

As the only trained mental health support for the counsellors, I experienced high demand for drama therapy sessions. I worked with my supervisor to make sure that I was maintaining a manageable client load but due to the demands of my role, I occasionally neglected my own basic self-care. I experienced long hours, middle-of-the-night emergencies and stressful moments which contributed to a feeling of burnout toward the end of the summer. I was living in a cabin on camp property (albeit remotely located, away from staff) so it was difficult to take a break from the system that I was working in when I needed it.

I had moments throughout the summer where the stress of juggling roles became overwhelming. At times when I was feeling particularly stressed, I would sometimes neglect my own self needs (i.e. sleep, eating meals, exercising, etc.) leading to frequent fatigue, occasional illnesses and even short-term work leave due to stress. It is clear that in order to return as a camp drama therapist, I will need to focus on self-care in a greater capacity.

Staff Crisis

I responded to multiple instances of staff mental health crisis from more than one counsellor. I witnessed behaviours that indicated active self-harm, delusions, auditory and visual hallucinations, disclosure of abuse and suicidal ideation (just to name a few). In each of these instances, I recognized that these counsellors required medical intervention and immediate treatment by mental health professionals trained in crisis intervention. I made sure that the individuals were safe during transport to these places of treatment. I recognized that these crisis events were beyond my scope of practice and training as a drama therapy student. I maintained

close contact with my supervisor and debriefed each incident. In each instance, I assisted the counsellors seek immediate treatment and remained with them until relieved by more experienced mental healthcare workers at appropriate healthcare facilities.

Organizational Structure

Easter Seals Camp Horizon operates under Easter Seals Alberta. The camp is only part of the wide-reaching provincial non-profit and must adhere to policies governed by Easter Seals Alberta. This can occasionally create a “red tape” effect when changing organizational structures related to counsellor stress. I hold Easter Seals Alberta and Easter Seals Camp Horizon in high regards, but due to the size of the organization, it may be difficult to implement change on a ground level as some policies are mandated by the organization.

Stress Reduction

I moved from providing group sessions when training ended to predominantly individual sessions. When campers arrived, time became less abundant for group intervention due to the time required to provide proper camper care. I thus updated my drama therapy approach to focus on stress reduction and role balance to combat the signs of depersonalization observed by Ko et al. (2012).

Role theory is a concept developed by multiple theorists throughout the twentieth century (Landy, 2009). The theory itself presents the idea that humans contextualize their social experience in a series of roles performed for others (Landy, 2009). This theory was further developed by psychiatrist Jacob Moreno in the 1940s, but a drama therapeutic approach would not be formulated until Robert Landy (2009) developed his role method of drama therapy. Landy’s (2009) method uses three aspects of self to contextualize our inherent idea of societal roles. These three aspects are the role, counterrole and guide (Landy, 2009). Examples of roles that we possibly play in social contexts are the roles of daughter, artist, teacher, or destroyer.

Counterrole refers to the binary opposite role to the one with which we currently identify (Landy, 2009). If the role of “teacher” is chosen, a possible counterrole to this could be “student.” If the role of “mother” is chosen, a possible counterrole may be “child.” Landy’s (2009) role theory uses the belief that individual illness or discomfort occurs when there is lack of balance between an individual’s role and counterroles within their role system.

In order to balance role and counterrole, Landy (2009) introduced a third aspect of self, known as the guide. The guide seeks to balance the role system of an individual by allowing

them to swing between a role and counterrole freely (Landy, 2009). The guide could be the therapist when in the context of a therapeutic session, to help the client find a bridge between an established role and an alternative counterrole (Landy, 2009).

Landy developed a taxonomy of 84 roles based on western archetypal beliefs of personality, derived from a collection of 600 plays from Ancient Greek to modern (Landy, 2009). The list of roles (and subsequent sub-roles) were refined through feedback and the taxonomy of roles was revised to consist of 70 roles in the year 2000 (Landy et al., 2003). Examples of roles that Landy included are the roles of worrier, miser, judge, sister, rebel, victim and clown (Landy et al., 2003).

Individuals identify with certain roles (or archetypes) over others, which leads to the creation of an individual's role profile (Landy et al., 2003). The client's role profile is recorded in a chart which includes four categories: this is who I am, this is who I am not, I'm not sure if this is who I am, this is who I want to be (Landy et al., 2003). The client goes through each role identified in the taxonomy of roles and places them in each category according to their own beliefs (Landy et al., 2003).

I chose to work with Landy's (2009) role method because it focuses on expanding role repertoire. I found through my own past experience as a camp counsellor that once campers got to camp, I would become stuck in the role of "counsellor" without any role variety. The camp chain of command includes managers, supervisors and administrative staff who make decisions about how a counsellor's day is structured. Additionally, campers determine how they would like to spend their day and what activities they would like to participate in. High job strain, high demand and low control over working conditions have been shown to have adverse effects on health from stress all the way to increased risk of cardiovascular-related death (Kivimäki et al., 2002). I wanted to increase role repertoire in an effort to alleviate the perceived lack of control that I experienced by exploring counterroles such as "boss" and "manager."

In addition to role expansion, another intervention I used was the social atom activity in a sand tray as described by Dayton (2004). The aim of the social atom is to identify the important people in a client's life and their relationship with them (Dayton, 2004). I found this helpful to assess a counsellor's system of support both in their personal life and at camp. I often felt a sense of isolation as a camp counsellor, as if I was only interacting with people professionally rather than for social support. I found the social atom activity helpful when exploring my own social

support during my drama therapy training, a solution that I thought would have been useful to have during my experience as a camp counsellor.

Critical Incident Response

When planning interventions for the event of a workplace critical incident, I had to work within Camp Horizon's established emergency policies and procedures. I also had to accommodate for the possible involvement of senior, administrative, organizational or crisis response staff.

Critical incidents in the workplace can happen at any time in any professional industry (Hunsucker, 2002). Managing risk can prevent many incidents from occurring but what can be done when one does occur? Unfortunately, due to the unpredictable nature of the accessible camp setting, critical incidents happen each summer.

A critical incident is an event of extraordinary circumstances in which members of a staff team are directly affected (Terblanche & Van Wyk, 2014). Terblanche and Van Wyk (2014) identified risk factors for developing stress or depressive related disorders which include gender, age, level of education, past history of traumatic events, among others. I experienced many critical incidents in my experience at Camp Horizon and observed that, although they may negatively affected the mental health of the counsellors directly involved, it may also extend to counsellors with secondary exposure to the event. Since camp is a small and isolated environment, critical incidents are shared through word of mouth or observed by large groups of individuals (campers and counsellors) in communal areas leading to secondary traumatic responses.

Stabilizing critical incidents while using drama therapy interventions is separate from processing long term trauma as the initial goal is simply to debrief the incident and provide a space for staff members to express feeling from the event. Drama therapist Alida Gersie (1996) wrote that brief drama therapy can be beneficial for clients with limited access to resources or time as long as the drama therapist communicates realistic expectations of outcomes to the client. Furthermore, due to the highly adaptable structure of drama therapy interventions, there is no universal or prescriptive timeline to treatment.

Critical Incident Stress Management (CISM) is a program that offers employees of a workplace crisis immediate support in order to lessen the chance of post-incident traumatization (Méthé, 2008). CISM is a Canadian government supported program that is not a replacement for

therapy but an introductory step to support employees after a traumatic event (Méthé, 2008). By combining both drama therapy and CISM techniques, I believe that employers may better support employees following a stressful incident at Camp Horizon compared to my personal experience during my time as a counsellor.

CISM follows a structure which involves impartial moderators and peer support persons (Méthé, 2008). Interventions are directed towards homogenized groups of individuals most affected by the event and to groups of people indirectly affected by the incident (Méthé, 2008). The five main objectives of CISM are as follows: investigate the incident, restore normal operations, prepare for litigation, restore the confidence of the public and the staff, and reduce the political impact (Hunsucker, 2002). CISM is an approach to immediate support, but therapy is still needed in the long-term in order to process the emotions related to trauma (Pack, 2012). It is in this way that CISM and drama therapy may be combined in order to provide both stress management and slow re-exposure to mentally restructure the event.

Although CISM is supported by the Canadian government as the standard for critical incident stabilization and debriefing for personnel who may experience complex trauma at work, critics believe that CISM may do more harm than good (Pack, 2012). CISM literature admits that it is not a substitute for therapy although it must be facilitated by a mental health professional (Pack, 2012). Empirical data on the effectiveness of CISM, more specifically the debriefing component (CISD), is mixed in terms of effectiveness and participant responses (Pack, 2012). Slawinski (2005) argues that the current CISM approach is lacking interventions that highlight personal strengths to supplement the possible shortcomings of the approach.

A drama therapy method that may be used to compliment the CISM framework would be the role method of drama therapy described in the previous section (Landy, 2009). The assumption of role theory is that each person lives within a set of *roles* in society (Landy, 2009). When a role is in need of balancing, a *counterrole* is established to create awareness of the flexibility of these roles within our life (Landy, 2009). Role method has been used with individuals who have experienced complex trauma before and has shown promising results on its own (Johnson & Emunah, 2009).

I have observed that there appears to be a missing connection to self in the process of CISM. This process is described in many sources I have mentioned as a group debriefing process and not a therapeutic technique, however I wonder if more focus on self-healing is needed.

Individual interventions are a critical part of the CISM process often provided by peer-support staff (not mental health professionals) and involve individual interviews with each employee to assess whether they are in need of a referral to a mental health professional (Méthé, 2008). I believe that there should be greater focus on this stage of the CISM method than what I have experienced while using this model. A professional trained in role theory and experienced in camp counselling would be able to both assess and perhaps begin the process of healing with each staff member.

The integration of drama therapy interventions with CISM may begin to shape the prescribed structure into a more fluid therapeutic process. For this reason, I think that a more integrative approach to crisis management would be a better suited solution to adapt to the diversity of workplaces and incidents. Terblanche and Wyk (2014) describe CISM's relationship with psychotherapy:

In addition to the CISM, other psychotherapeutic interventions for post-traumatic stress disorder (PTSD) vary in their emphasis on re-exposure to trauma-related memories and stimuli, cognitive restructuring of the trauma experience, expression and management of emotion, training in stress management (including relaxation training), and general social and vocational support. Although a number of these treatments emphasise one of these components, many combine more than one either implicitly or by design, and relatively few studies dismantled effective components of the psychotherapy.

(p. 29)

The relationship between CISM and psychotherapy, and by extension drama therapy, is in need of research in order to find effective interventions for the needs of a workforce.

Discussion

I believe that I have reached the explication stage in which a researcher draws meaning from their experience and connects ideas and insights to form conclusions (Sultan, 2018). I have been interested in researching the potential integration of drama therapy and accessible camp structure using my knowledge of each to create connections to my own experience. My research process has been chaotic and unfocused at times as well as exciting and empowering. I suppose that this process may simply be the nature of heuristic research due to the highly personal and subjective nature (Sultan, 2018). I believe that, despite the challenges that I encountered throughout my research, the prospect of creating a new role has potential benefits far beyond the

confines of this research paper. Further research could expand the known possibilities of both the drama therapy and accessible camp fields.

Creation of a New Role

I have determined that the long-term integration of a camp drama therapist in an accessible camp is indeed feasible, but I am apprehensive to provide a universal definition of this role outside of the descriptions found in this heuristic paper. This “camp drama therapist” role may be endlessly fluid, adapting to the needs of the camp, staff, and therapist.

Training

A camp drama therapist must have training in drama therapeutic intervention and be eligible to work as a certified clinical counsellor (meeting province specific requirements) and be a registered drama therapist or qualifying through the North American Drama Therapy Association. They must have experience in multiple summer camp staff positions. My training and experience in both environments allowed me to adapt and sculpt an experience that honoured my love for both drama therapy and accessible summer camps. I believe that experience in both is necessary to maintain ethical considerations and adapt to unforeseen challenges. Additional training in CISM is an asset.

Responsibilities

Potential responsibilities for a camp drama therapist include the following:

- Provide immediate support to staff members experiencing symptoms of stress.
- Provide training on basic self-care and crisis prevention.
- Implement strategic changes to policies affecting staff and camper mental health.
- Respond to mental health emergencies and provide supervision until relieved by emergency medical personnel.
- Train counsellors on identifying a mental health crisis.
- Coordinate with camp management to maintain a safe working environment.
- Provide group and individual drama therapy interventions as needed.

Other camp drama therapists may have difference experience than I do, and I encourage them to design their role responsibilities based on their personal scope of practice.

The Field of Drama Therapy

Modern drama therapy is still relatively new compared to other approaches in the field of mental health therapies (Johnson, 2009). The field continues to expand with new research,

leading to the development of new approaches for a vast range of diverse populations (Johnson, Emunah & Lewis, 2009). Drama therapy research develops the field and increases the evidence base of each technique (Johnson, Emunah & Lewis, 2009). I identified accessible summer camp staff as a population that may benefit from the creative and accessible interventions of established drama therapy approaches.

This research into the introduction of drama therapy intervention and role creation may be applicable to other previously overlooked client populations in rural or isolated sectors. Additionally, the adaptable and flexible nature of drama therapy interventions can be explored to service highly diverse populations of clients who may live in environments with little access to mental health resources. Drama therapy may be a more accessible and inclusive form of therapy due to the wide variety of populations that it has been used with from young children to older adults (Johnson & Emunah, 2009).

The Field of Accessible Summer Camps

Accessible summer camps provide youth and adults with disabilities the opportunity to build community with peers and challenge themselves in the outdoors (Devine et al., 2015). I found that little research has been done exploring the experiences of summer camp counsellors working in the sector. Accessible summer camp counsellors may be required to learn additional skills more synonymous with the role of personal support workers (PSW) compared to camp counsellors working at a general youth camp. The impacts on accessible camp staff, both positive and negative, require more research to help organizations develop future policies. I have concluded through this heuristic study that with the right mix of experience, a drama therapist can adapt their knowledge of drama therapy approaches and theory to provide mental health support for accessible summer camp counsellors.

Limitations

I used a combination of supporting research and personal experience when designing this experiential research paper. My decision to use a heuristic approach complimented the subjective experience of role combination and allowed me to use myself as a research subject rather than using outside research participants. As such, I am able to make subjective but not objective conclusions about the efficacy of working within the structures of two vastly different industries.

There have been few scientific studies exploring the best approach to support accessible summer camp staff or addressing the ethics of providing therapy to staff members in this setting.

Due to this lack of research, I opted to consult industry and mental health professionals to address the ethics of conducting such research.

I do not believe that the experience I had is universally applicable to every camp or environment. I have been able to make reasonable conclusions applicable to my own experience but there are many more questions that I will need to explore in the future. This paper may only act as a starting point for further study.

Further Research

It is my hope that other scholars will explore the fields of accessible summer camps and drama therapy. Empirical studies exploring stress responses in camp counsellors and the expansion of the field of drama therapy are needed. In addition, further research is needed to determine effective, specific drama therapy interventions with summer camp counsellors.

Conclusion

The experience of working at an accessible summer camp changed my life for the better. I recognized the profound impact that summer camp can make on staff and campers alike. Saying this, accessible summer camp counsellors may be faced with challenging work environments and susceptible to stress responses such as burnout. Despite these challenges, I know that being in the role of an accessible summer camp staff member gives me intense pride and satisfaction.

When I began learning drama therapy methods and theory, I discovered a second role that ignited a passion within me. Working as a student drama therapist rivaled the excitement and challenge that I had found as an accessible camp counsellor. I began to explore the possibility of combining my areas of interest in the creation of a new role. This role would use the therapeutic methods of drama therapy to create a healing space for individuals overwhelmed with the occasional intensity of an accessible summer camp. I used heuristic research to explore my own experience and form reasonable conclusions about the efficacy of using drama therapy interventions to provide therapeutic support for summer camp counsellors.

I assessed the ethical implications of introducing drama therapy interventions to camp and maintaining ethical boundaries with the counsellors. I believe that the roles of drama therapist and accessible camp staff are compatible as long as care is taken to ensure ethical practices, however further research is needed.

I believe that heuristic inquiry is not only an excellent way to explore and present the implications of combining the roles of accessible camp professional and aspiring drama therapist, but an excellent way to analyze the experience of combining the two roles. I hope that this research has implications for both the expansion of the drama therapy modality and my own professional future in it. I believe that drama therapy has the potential to benefit new individuals in the accessible camping industry and other new environments, beyond the possibility of our current understanding.

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